APPARATUS MAINTENANCE CHECKLIST						APPARATUS									MONTH					CALENDAR YEAR											
For	use of this form, see AR 420-90; the proponent agen	-																													
		SE	CTI	ON	<u>A -</u>	D۵	ILY	'INS	SPE	CTI	ON S	STA	TU			legen															
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1	ITEM INSPECTED																														
N	THE WITHOUT ECTED	1	2	3	4	5	6	7	8	9	10	11	12	2 13	3 1	4 15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30 3
Е																														Ш	
1	FUEL (fill at 3/4)																													Ш	
2	ENGINE OIL																													Ш	
3	RADIATOR																													Ш	
4	TIRE AIR PRESSURE																													Ш	
5	LIGHTS																													Ш	
6	BATTERY																													Ш	
7	FAN BELT																														Ш
8	BRAKES																														
9	AIR PRESSURE (drain tanks)																														
10	CLUTCH																														
11	WINDSHIELD WIPERS																														
12	START ENGINE																														
13	WARNING DEVICES					Ī									Ī															\Box	
14	ENGAGE PUMP																														
15	INSTRUMENT PANEL					Ī									Ī															\Box	
16	FIREFIGHTING AGENTS																														
17	RELIEF VALVE SET (150 psig)																														
18	PRIMER OIL																														
19	FLUSH PUMP (monthly)																														
20	VACUUM TEST (monthly)					T																									
21	DRAFTING OPERATION (annual)																											T			i
22	GRID MAPS		Ī			T									T													Г		П	一
23	JAWS OF LIFE (weekly operation)					t						1		1	T	T												Г		П	\sqcap
24	HOSE CHANGE (pumper - monthly)					t						1		1	T	T												Г		П	\sqcap
25	K-12 SAW (weekly operation)	1	T	T	ĺ	T	T	T			T	T	T	T	T		T	ĺ										Г			一
26	RADIO CHECK	1				T	T	1				T		T			T											Г			一十
27	APPEARANCE	1				T	T	1				T		T			T											Г			一十
28	OPERATOR'S INITIALS	1				T	T	1				T		T			T											Г			一十
29	SUPERVISOR'S INITIALS				T	t			+	+	1	1		1	1		1	T										T		\Box	一十
			1	-	-	1	LEG	ENE	D: C	aily	Insp	ecti	on S	tatu	ıs		1	-		-						-					
	1 = OK				(E	nter	r stai	us o	f itei	n ins	pecte	ed in	colu	ımns	abo	ve)					8	= IN	COM	1PLE	TE						
2 = LOW 5 = NEEDS ADJUSTMENT 9 = MISSING 3 = DAMAGED 6 = NEEDS REPLACING 10 = FIRE DEPARTMENT RESPONSIBILITY																															
	3 = DAMAGED 4 = DIRTY										REPI INCT		NG															SPONS NSIBII			

			SECTION B - ACTION 1	AVENI			1
L I N E	ITEM INSPECTED (from Section A)	DAILY INSPEC- TION STATUS	NAME OF INDIVIDUAL PROBLEM REPORTED TO	DATE/ TIME REPORTED	WORK ORDER NO.	MECHANIC'S SIGNATURE (f)	REMARKS
	(a)	(D)	(C)	(a)	(e)	(T)	(g)
E	(a)	(b)	(c)	(d)	(e)	(f)	(g)